04/14/2006 13:37

Image# 26960050167

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Use On	ly
1.	NAME OF COMMITTEE (in full)		MAILING LABE OR PRINT		ample:If typir er the lines	ng, type			
L	GIPAC								
Ш									
AD	DRESS (number and street)	PO Bo	x 16515						
	Check if different than previously reported. (ACC)	Alexan	dria				L ^{VA}	22302	
2.	FEC IDENTIFICATION NUM	IBER 1	.	CITY 🛕		5	STATE	ZIPC	CODE A
	C00354571		3.	IS THIS REPORT	X	NEW (N) OR	Al (A	MENDED a)	
4.	TYPE OF REPORT (Choose One)	` F	Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Quarterly Reports:		Ц'	Mar 20 (M3)	Jun 20 (M6)	Sep	20 (M9)	(Non-Election Year Only)
	X April 15			Apr 20 (M4)	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
	Quarterly Report(C	(c) 12-Day PRE -Election		Primary (12	2P)	General	(12G)	Runoff (12R)
	Quarterly Report(C		Report for the	:	Convention	(12C)	Special (12G)	
	Quarterly Report(C January 31 Quarterly Report(Y		Ele	ection on				in th Stat	
	July 31 Mid-Year Report(Non-electio Year Only) (MY)) 30-Day Post -Election Report for the		General (30	0G)	Runoff (3	30R)	Special (30S)
	Termination Repor (TER)	t	Ele	ection on				in th Stat	
5.	Covering Period 0	1 0	1 2006		through	03	3 1	2006	
l ce	ertify that I have examined this			knowledge	and belief it	is true, correct a	and complete.		
Тур	e or Print Name of Treasurer	Mary	M. Clancy						
Sig	nature of Treasurer Electro	nically File	d by Mary M. C	lancy		D	ate 04	14	2006
NO	TE : Submission of false, erro	neous, or ir	ncomplete informa	ation may s	ubject the pe	rson signing this	s Report to the	penalties of 2	U.S.C 437g.
	Office Use							FEC FO	

Image# 26960050168

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

59815.16

2712.50

57102.66

Write or Type Committee Name **GIPAC** D D D D 0 1 0 1 0.3 3 1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 44790.16 2006 January 1 (b) Cash on Hand at 44790.16 Begining of Reporting Period 15025.00 15025.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines

7.	Total Disbursements	(from Line 31)	

6(a) and 6(c) for Column B)

8.	Cash on Hand at Close of
	Reporting Period
	(subtract Line 7 from Line 6(d))

9.	Debts and Obligations owed	то
	the committee (Itemize all on	
	Schedule C and/or Schedule I	D)

0.	Debts and Obligations owed	ВΥ
	the committee (Itemize all on	
	Schedule C and/or Schedule [٦١

			0.00
			0.00

59815.16

2712.50

57102.66

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name GIPAC

Report Covering the Period:

м м 0 1

From:

01

2006

0 3

^D 3 1

^Y 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Co	ontributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	13200.00	13200.00
	(ii) Unitemized	1825.00	1825.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	15025.00	15025.00
(b)	Political Party Committees	0.00	0.00
(c)	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15025.00	15025.00
	ansfers From Affiliated/Other arty Committees	0.00	0.00
13. All	Loans Received	0.00	0.00
	an Repayments Received	0.00	0.00
(C	efunds, Rebates, etc.) arry Totals to Line 37, page 5)	0.00	0.00
to	Federal candidates and Other litical Committees	0.00	0.00
	her Federal Receipts ividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(a	Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	15025.00	15025.00
	otal Federal Receipts ubtract Line 18(c) from Line 19)	15025.00	15025.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)
Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:	Total Tills Fellou	Calefidal Teal-to-Date
	(a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	1712.50	1712.50
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	1712.50	1712.50
22.	Transfers to Affiliated/Other Party	0.00	0.00
3	Committees	0.00	0.00
_0.	Federal Candidates/Committees	1000.00	1000.00
1	and Other Political Committees	1000.00	1000.00
.4.	Independent Expenditure (use Schedule E)	0.00	0.00
<u>2</u> 5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use ochequie)		
26.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	4	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
	(444 255 25(4), (5), 44 (5))		
29.	Other Disbursements	0.00	0.00
30	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	· ·	2.00	
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
81.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2712.50	2712.50
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	2712.50	2712.50
	′		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15025.00	15025.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15025.00	15025.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1712.50	1712.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1712.50	1712.50

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 17
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	/ not be sold or used by any perso	on for the purpose of soliciting contributions
Š	NAME OF COMMITTEE (In Full) GIPAC	arrie and add	areas or any political committee to	Solicit Contributions from Such Continues.
Α.	Full Name (Last, First, Middle Initial) Dr. Jeff Crittenden			Date of Receipt
	Mailing Address 2365 Burbank Street			01 05 2006
	City <u>Dothan</u>	State AL	Zip Code 36303	Transaction ID: SA11A1.5647 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Gastro Associates	Occupation Physician		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Peter Dumas			Date of Receipt
	Mailing Address 1143 Kings Way Drive			01 21 2006
	City	State	Zip Code	Transaction ID: SA11A1.5643
	Nokomis	<u>FL</u>	34275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Self	Occupation Physician		Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	
C.	Full Name (Last, First, Middle Initial) Dr. Kenneth D. Emkey			Date of Receipt
	Mailing Address 1020 Old Mill Road			02 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.5609
	Wyomissing	PA	19610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Contribution
	Name of Employer Digestive Diseases Assoc., LTD	Occupation Physician	1	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1650.00
Т	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER: PAGE 7 / 17		
IT	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one) X 11a
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	y not be sold or used by any person	on for the purpose of soliciting contributions
7	NAME OF COMMITTEE (In Full)	name and add	diess of any political committee to	Solicit contributions from such committee.
\rangle	GIPAC			
_	Full Name (Last, First, Middle Initial)			Data of Bassist
Α.	Dr. Amy Foxx-Orenstein Mailing Address 200 First Street, SW			Date of Receipt
				01 21 2006
	City	State	Zip Code	Transaction ID: SA11A1.5641
	Rochester FEO ID graph or of contribution	MN	55905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Contribution
	Name of Employer Mayo Clinic	Occupation Physician		Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
В.	Full Name (Last, First, Middle Initial) Dr. Brent Gray			Date of Receipt
	Mailing Address 2206 East Villa Maria			0 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5610
	Bryan	TX	77802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupation Physician		Contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			D. (D.)
C.	Dr. James Harris Mailing Address 3550 West Galloway Di	rivo		Date of Receipt
				02 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.5628
	Richfield	OH	44286	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self	Occupation Physician		Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00]
s	UBTOTAL of Receipts This Page (optional)			1050.00
\vdash			<u> </u>	
ΙT	OTAL This Period (last page this line number of	niy)		

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 8 / 17
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 otaliou Guillina, i ago	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	GIPAC			
\angle				
Α.	Full Name (Last, First, Middle Initial)			Data of Bassint
Α.				Date of Receipt
	Mailing Address 1713 N.Quarry Road Apartment 122			03 27 2006
	City	State	Zip Code	Transaction ID: SA11A1.5660
	Marion	IN	46952	Amount of Each Receipt this Period
			7000E	Amount of Each receipt this rendu
	FEC ID number of contributing federal political committee.	C		250.00
	Todoral political committee.			Contribution
	Name of Employer Self	Occupation	า	Contribution
	Sell	Physician	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	250.00	1
	Other (specify) ▼	0 0	250.00	
ь	Full Name (Last, First, Middle Initial)			Data of Bassint
В.				Date of Receipt
	Mailing Address 1111 Kensington Drive			01 17 2006
	City	State	Zip Code	Transaction ID: SA11A1.5650
	High Point	NC	27262	Amount of Each Receipt this Period
		110	ETEOL	Amount of Each neceipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
				Contribution
	Name of Employer Cornerstone Healthcare	Occupation		Contribution
		Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	1000.00	1
	Other (specify)		1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Daniel B. Hurwich			Date of Receipt
•	Mailing Address 9832 Twin Creek Blvd.			M M / D D / Y Y Y Y
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			01 21 2006
	City	State	Zip Code	Transaction ID: SA11A1.5633
	Munster	IN	46321	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Canalassas	10		Contribution
	Name of Employer Internal Medicine Associa-	Occupation		
	tes Pagaint For:	Physician		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		500.00	
	Caron (opeony) 🔻	0 0		1
Г				
_	UBTOTAL of Receipts This Page (optional)			1750.00
$ hild_{}$	ODITIAL OF Necelpts This Page (optional)			

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 9 / 17				
` '			Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Suffilliary Fage	13 14 15 16 17				
Ar	y information copied from such Reports and St	atements may	not be sold or used by any pers	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
$ \rangle$	GIPAC							
\angle								
	Full Name (Last, First, Middle Initial)							
Α.				Date of Receipt				
	Mailing Address 2326 Snowbird Lane			02 28 2006				
	City	State	Zip Code					
	•	MN	•	Transaction ID: SA11A1.5630				
	North Mankato	IVIIN	56003	Amount of Each Receipt this Period				
	FEC ID number of contributing	C		250.00				
	federal political committee.							
	Name of Employer Mankato Clinic	Occupation	า	Contribution				
	Mankato Clinic	Physiciar	า					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		050.00					
	Other (specify)		250.00					
	Full Name (Last, First, Middle Initial)							
В.	Dr. Richard A. Krause			Date of Receipt				
	Mailing Address 100 Market Street			02 28 2006				
	#401	Ctoto	Zin Codo					
	Chattanaga	State	Zip Code	Transaction ID: SA11A1.5604				
	Chattanooga	TN	37402	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	rederai politicai committee.							
	Name of Employer	Occupation	า	Contribution				
	Self	Physiciar	1					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		250.00	7				
	Other (specify)		250.00					
_	Full Name (Last, First, Middle Initial)			Data of Boosint				
U.	Dr. Jodie Labowitz			Date of Receipt				
	Mailing Address 6120 E. Desert Cove A	ve		01 21 2006				
	City	State	Zip Code	Transaction ID: SA11A1.5637				
	Scottsdale	AZ	85254-5437	Amount of Each Receipt this Period				
		7 (2	0020+ 0+07					
	FEC ID number of contributing federal political committee.	C		1000.00				
				Contribution				
	Name of Employer Arizona Digestive & Liver	Occupation		Contribution				
		Physiciar						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		1000.00					
	Other (specify)		1000.00	_				
_								
				1500.00				
LS	UBTOTAL of Receipts This Page (optional)			1500.00				
1 T	OTAL This Period (last page this line number of	only)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/1/ (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a	
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) GIPAC			
Α.	Full Name (Last, First, Middle Initial) Dr. David G. Mark			Date of Receipt
,	Mailing Address 10466 Woodchuck Cou	rt		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5607
	Granger	IN	46530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.				1000.00
	Name of Employer Michiana Gastro. Consulta- nts	Occupation Physician		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Michael R. Mastrangelo Mailing Address 5515 Sidbury Road			Date of Receipt
		01-1-	7: 0.1.	02 28 2006
	City	State NC	Zip Code	Transaction ID: SA11A1.5611
	Castle Hayne FEC ID number of contributing federal political committee.	C	28429	Amount of Each Receipt this Period 250.00
	Name of Employer Hanover Medical Specialis- ts	Occupation Physician		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr. Richard A. Medina			Date of Receipt
	Mailing Address 3840 Park Avenue Suite 101			02 28 2006
	City Edison	State NJ	Zip Code 08820	Transaction ID: SA11A1.5606 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00020	250.00
	Name of Employer Self	Occupation	n nterologist	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
 -	OTAL This Period (last page this line number of	nnly)		

S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER: PAGE 11 / 17			
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 [1 7
Δr	ny information copied from such Reports and St	atemente mai	unot he sold or used by any nerso		
or	for commercial purposes, other than using the	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)				
$ \rangle$	GIPAC				
\angle					
^	Full Name (Last, First, Middle Initial)			Data of Descript	
Α.	Dr. Frank J. Nemec Mailing Address 3301 S. Marxland			Date of Receipt	,
	Walling Address 5301 S. Warxland			03 27 2006	
	City	State	Zip Code	Transaction ID: SA11A1.5655	
	Las Vegas	NV	89109	Amount of Each Receipt this Period	
	FEC ID number of contributing			1000.00	
	federal political committee.	C		1000.00	
	Name of Employer	Occupation	<u> </u>	Contribution	
	Self	Physician			
	Receipt For:		Year-to-Date ▼	7	
	Primary General		1000.00		
	Other (specify)	0 0	1000.00		
B.	Full Name (Last, First, Middle Initial) Dr. Andrew Nullman			Date of Receipt	
	Mailing Address 2523 Regatta Avenue			M M / D D / Y Y Y Y	1
				02 28 2006	
	City	State	Zip Code	Transaction ID: SA11A1.5631	
	Miami Beach	FL	33140	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		250.00	
	federal political committee.				
	Name of Employer Self	Occupation	n	Contribution	
	Self	Physiciar	ı		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Other (specify)	0 0			
	Full Name (Last, First, Middle Initial)				
C.	Dr. H. Timothy Paulk			Date of Receipt	
	Mailing Address 6320 Hialeah Court			02 28 2006	1
	City	State	Zip Code	Transaction ID: SA11A1.5623	_
	<u>Tallahassee</u>	FL	32309	Amount of Each Receipt this Period	
			02003	Amount of Each Neceipt this Feriod	
	FEC ID number of contributing federal political committee.	C		250.00	.
		10		Contribution	_
	Name of Employer Digestive Disease Clinic	Occupation Physician			
	Receipt For:		Year-to-Date ▼	4	
	Primary General	riggrogato	, real to Bate V		
	Other (specify) ▼		250.00		
_		-			
				4500.00	
S	UBTOTAL of Receipts This Page (optional)		······	1500.00	
T	OTAL This Period (last page this line number of	only)	>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/17 (check only one)
Ar	ny information copied from such Reports and Statements for commercial purposes, other than using the name and	may not be sold or used by any personaddress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) GIPAC		
Α.	Full Name (Last, First, Middle Initial) Dr. Srikiran Pothamsetty		Date of Receipt
	Mailing Address 8625 Spindle Top Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: SA11A1.5634
	Orlando FL	32819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Orlando Gastroenterology PA Physic		
	Receipt For: Primary Other (specify) Aggre General	gate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Barry Sanders		Date of Receipt
	Mailing Address 6021 Warm M. Street		01 21 2006
	City State	'	Transaction ID: SA11A1.5639
	<u>Dallas</u> TX	75248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00 Contribution
	Name of Employer North TX Gastroenterology Asso Occup Physic		Contribution
	7,000	gate Year-to-Date ▼	7
	Primary General Other (specify) ▼	1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Lawrence R. Schiller		Date of Receipt
	Mailing Address 7701 Mullrany Drive		01 16 2006
	City State	'	Transaction ID: SA11A1.5648
	<u>Dallas</u> TX	75248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00 Contribution
	Name of Employer Digestive Health Associates TX Occup Physic		Contribution
	Receipt For: Aggre	gate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
s	UBTOTAL of Receipts This Page (optional)		2250.00
_	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 13 / 17 (check only one)				
. 1			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions				
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) GIPAC							
۹.	Full Name (Last, First, Middle Initial) Dr. Robert A. Simmons			Date of Receipt				
	Mailing Address 2708 High Plains Court			02 28 2006				
	City Ft. Collins	State CO	Zip Code 80526	Transaction ID: SA11A1.5615 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	00020	250.00				
	Name of Employer Center for Gastroenterolo- gy	Occupation Physician		Contribution				
	Receipt For: Primary General Other (specify) ▼	· ·	Year-to-Date ▼ 250.00					
3.	Full Name (Last, First, Middle Initial) Dr. Jeffrey J. Sorokin			Date of Receipt				
	Mailing Address 1813 E. Fireside Court			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City	State	Zip Code	Transaction ID: SA11A1.5659				
	Cherry Hill	NJ	08003-3243	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00 Contribution				
	Name of Employer Gastroenterology Associat- es, PA	Occupation Physician						
	Receipt For:		Year-to-Date ▼					
	Primary General Other (specify) ▼		500.00]				
D.	Full Name (Last, First, Middle Initial) Dr. Toomas M. Sorra			Date of Receipt				
	Mailing Address 166 Clinton Street			02 28 2006				
	City	State	Zip Code	Transaction ID: SA11A1.5625				
	Brooklyn FFG ID number of contribution	NY	11201	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self	Occupation Physician	1	Contribution				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00					
S	UBTOTAL of Receipts This Page (optional)			1000.00				
T	OTAL This Period (last page this line number or	ון))						

GIPAC

City

Ltd Receipt For:

A. Dr. Dhruva R. Tilwalli

Oak Brook

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

Mailing Address 56 Derby Court

FEC ID number of contributing

federal political committee.

Name of Employer Midwest Gastro Associates,

Other (specify)

General

Primary

State

IL

C

Aggregate Year-to-Date ▼

1000.00

FOR LINE NUMBER: PAGE 14/17 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Date of Receipt 0.1 21 2006 Zip Code Transaction ID: SA11A1.5640 60523 Amount of Each Receipt this Period 1000.00 Contribution Occupation Physician

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	13200.00

SCHEDULE B (FEC Form 3X)

TEMIZED DIODUDOFMENTO	Use seperate schedule(s)		heck or	e NOMBER. PAGE 15/1							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	-	22 28	_a	23 28b	24 28c	П	25 29	_	26 30b
Any Information copied from such Reports and States			person	for the	purpo	se of so	olicating o		butions		
or for commercial purposes, other than using the nan	e and address of any political co	ommi	ttee to s	olicit co	ntribu	itions fro	om such	comn	nittee		
NAME OF COMMITTEE (In Full) GIPAC											
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	SB21B	.565	3		
American College of Gastroenterology						Disburse					
Mailing Address 6400 Goldsboro Road Suite 450				0	3 ^M	[/] 1	^D 4	ž	0 Ď 6	Y	
City Bethesda	State Zip Code MD 20817			Am	ount	of Each	Disburse	ement	this P	erioc	
Purpose of Disbursement	1VID 20017			1 [250.0	0	7
List Rental		00	3								
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State: District:											
Full Name (Last, First, Middle Initial) 3. DotterLydon, Inc.				Da	te of [Disburse				V/	
Mailing Address 1251 Dartmouth Court				0	3 ^M	[′] 3	1 /	ž	0 Ď 6	Y	
City Alexandria	State Zip Code VA 22314			Am	ount	of Each	Disburse				7
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Candidate Name		Cate Typ									
Senate President	ement For: Primary General Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial) eDonation.com				Da	te of [Disburse	SB21B ement				
Mailing Address 118 N.Saint Asaph Stree	et			l o ^N		[′] 3	1 /	ž	0 ŏ 6	Y	
City Alexandria	State Zip Code VA 22314			Am	ount	of Each	Disburse	-		-	_
Purpose of Disbursement Contribution Processing		00	13	L					510.0	0	_
Candidate Name		Cate	gory/								
Senate President	ement For: Primary General Other (specify)										
State: District:											
SUBTOTAL of Disbursements This Page (optional)			<u> </u>					12	247.5	0	
TOTAL This Period (last page this line number only)		•				, , , , ,				

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE	NUMBER:	PAGE 16/17
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 2 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) GIPAC	ine and dadress of any pointed			South South Miles
Full Name (Last, First, Middle Initial)			Transaction ID: S	B21B.5593
A. eDonation.com			Date of Disbursem	
Mailing Address 118 N.Saint Asaph Stro	eet		01 7 31	y žoó6°
City	State Zip Code		Amount of Each D	isbursement this Period
Alexandria Purpose of Disbursement	VA 22314			300.00
Contribution Processing		003		
Candidate Name		Category/		
Office Sought: House Disbur	sement For:	Туре		
Senate	Primary General			
President	Other (specify)			
State: District: Full Name (Last, First, Middle Initial)				DOAD SECT
B. eDonation.com			Transaction ID: S Date of Disbursem	
Moiling Address 440 N Coint Acoust Cha			03 02	2 0 0 6 °
Mailing Address 118 N.Saint Asaph Stre	991		0.0	2000
City Alexandria	State Zip Code VA 22314		Amount of Each D	isbursement this Period
Purpose of Disbursement	VA 22314			25.00
Website hosting fee		003		
Candidate Name		Category/ Type		
Office Sought: House Disbur	sement For:	Турс		
Senate	Primary General			
President State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: S	R21R 5656
C. eDonation.com			Date of Disbursem	ent
Mailing Address 118 N.Saint Asaph Stro	eet		$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & 1 \end{bmatrix}$	Y 2006
City	State Zip Code		Amount of Each D	isbursement this Period
Alexandria	VA 22314			125.00
Purpose of Disbursement Contribution Processing		003		125.00
Candidate Name		Category/ Type		
Office Sought: House Disbur	sement For:			
Senate	Primary General			
President State: District:	Other (specify)			
SUBTOTAL of Disbursements This Page (optional	l)	>		450.00
TOTAL This Period (last page this line number on	ly)			1697.50

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5(CHEDULE B (FEC Form 3X	Use seperate schedule(s)		NUMBER: PAGE 17/17
IT	EMIZED DISBURSEMENTS		(check onl)	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports an for commercial purposes, other than using			
\rangle	NAME OF COMMITTEE (In Full) GIPAC			
۹.	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE Mailing Address PO BOX 10246			Transaction ID: SB23.5651 Date of Disbursement Onumber 1
	City PHOENIX Purpose of Disbursement	State Zip Code AZ 85064		Amount of Each Disbursement this Period
	Contribution		011	
	Candidate Name JON L KYL		Category/ Type	
	Office Sought: House X Senate President	Disbursement For: 2006 X Primary General Other (specify) ▼		
	State: AZ District: 00			

		1000.00
SUBTOTAL of Disbursements This Page (optional)	>	1000.00
TOTAL This Period (last page this line number only)	•	1000.00